



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Health Care Financing Administration

Center for Medicaid and State Operations

7500 Security Boulevard  
Baltimore, MD 21244-1850

SEP 27 2000

Mr. Georges Benjamin, M.D.  
Secretary  
Maryland Department of Health and Mental Hygiene  
201 West Preston Street  
Baltimore, Maryland 21201

Dear Mr. Benjamin:

I am pleased to inform you that your request to amend your home and community-based services waiver for individuals with Autism Spectrum Disorder (HCFA Control Number 0339) has been approved. This amendment has been given control number 0339.01, which should be used in all future correspondence.

Specifically, you requested to amend the waiver to change the effective date from January 1, 2001, to July 1, 2001, so that adequate attention may be given to the implementation of the waiver.

Based on your assurance that no individual has received services under this waiver, I approve the amendment effective with the date of this letter.

Sincerely,

4LAW

Timothy Westmoreland  
Director

cc:

Philadelphia Regional Office